

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>smc</i>		7/3/02
O.I.P.E. CLASSIFIER	<i>[Signature]</i>		7/8/02
FORMALITY REVIEW	<i>[Signature]</i>	71531	7-18-02
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	71531	12-8-02

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	7/3/02
2	✓
3	✓
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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